

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1263742

Form CP-4
March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD

API No. 15 - _____ OPERATOR: License #: Spot Description: _-__- Sec. ___ Twp. ___ S. R. ___ East West Address 1: ___ Feet from North / South Line of Section Address 2: ___ _____ Feet from East / West Line of Section Contact Person: ____ Footages Calculated from Nearest Outside Section Corner: Phone: (_____) _____ NE NW SE SW Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic County: ____ Water Supply Well Other: SWD Permit #:_ Lease Name: ______ Well #:_____ ENHR Permit #: _____ Gas Storage Permit #: ____ Date Well Completed: ___ Is ACO-1 filed? Yes No If not, is well log attached? Yes No The plugging proposal was approved on: ____ Producing Formation(s): List All (If needed attach another sheet) _____(KCC **District** Agent's Name) _____ Depth to Top: _____ Bottom: _____ T.D. ___ Plugging Commenced:_____ ___ T.D. ___ _ Depth to Top: ___ Bottom: Plugging Completed:_____ ______ Depth to Top: ______ Bottom: _____ T.D. _____ Show depth and thickness of all water, oil and gas formations. Oil, Gas or Water Records Casing Record (Surface, Conductor & Production) Size Formation Content Casing Setting Depth Pulled Out Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set. _____ Name: ___ Plugging Contractor License #: ___ Name of Party Responsible for Plugging Fees: ____ _____ County, ______ , ss. Employee of Operator or Operator on above-described well,

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

(Print Name)

QUALITY WELL SERVICE, INC. Federal Tax I.D. # 481187368

Home Office 324 Simpson St., Pratt, KS 67124

Office 620-727-3410 Fax 620-672-3663

Rich's Cell 620-727-3409 Brady's Cell 620-727-6964

6368

	Sec.	Twp.	Range	(County	State	On Location	Finish
Date 08 26 15	21	345	1000	Bal	ben	KS	800 AM	9:30 Am
Lease page lait Well No. 2 Locati					on Hazelton KS Iw, Is 1/25, which			
Contractor Und w/s		•		Owner Val Energy				
Type Job Old Hole Plug					To Quality Well Service, Inc. / You are hereby requested to rent cementing equipment and furnish			
Hole Size 7 /8	T.D.			cementer and helper to assist owner or contractor to do work as listed.				
Csg. $5/\sqrt{2}$ 6.5	Depth			Charge To				
Tbg. Size		Depth			Street			
Tool		Depth		City State				
Cement Left in Csg.		Shoe Joint		The above was done to satisfaction and supervision of owner agent or contractor.				
Meas Line Displace Frest H D				Cement Amount Ordered 60:40:4% 3.00				
EQUIPMENT					4 1000 to got 10'x pot on ride			
Pumptrk & No. M. Ke. 13				Common 75				
Bulktrk9 No. Oavid B				Poz. Mix 50				
Bulktrk 2 No. Donek B					Gel. /-/			
Pickup No. David F					Calcium		-	
JOB SERVICES & REMARKS					Hulls			
Rat Hole					Salt			
Mouse Hole					Flowseal			
Centralizers					Kol-Seal			ni.
Baskets					Mud CLR 48			
D/V or Port Collar				CFL-117 or CD110 CAF 38				
Pipe 640, Est, Cinc w/ 105xgel 4waker					Sand			
M: x 50sx 60 40 coment Disp w/					Handling 139			
9 BBIs Fresh, Pipe at 300, load					Mileage 25			
Holo Mix SOSX coment, Disp. w/					FLOAT EQUIPMENT			
2 BBIs Fresh, Pipe at 40; My					Guide Shoe			
25 sx coment Did line,					Centralizer			
					Baskets			
					AFU Inserts			
					Float Shoe			
`\					Latch Down			
					1MU 25			
					CONVICE	Sugaro. sico		
					Pumptrk Charge			
					Mileage 25, y o			
						F	Tax	
							Discount	
Signature							Total Charge	
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